

Amendment

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION**STATEMENT OF ECONOMIC INTERESTS**Date Received
Official Use Only

COVER PAGE

A Public Document

EB

MAR 23 2010

AD

Please type or print in ink.

NAME (LAST)	(FIRST)	(MIDDLE)	DAYTIME TELEPHONE NUMBER	
Cedillo	Gilbert			
MAILING ADDRESS (Business Address Acceptable)	STREET	CITY	STATE	ZIP CODE
			OPTIONAL: E-MAIL ADDRESS	

1. Office, Agency, or Court

Name of Office, Agency, or Court:

State Senate

Division, Board, District, if applicable:

Your Position:

► If filing for multiple positions, list additional agency(ies)/
position(s): (Attach a separate sheet if necessary.)

Agency: _____

Position: _____

2. Jurisdiction of Office (Check at least one box)☒ State☐ County of _____☐ City of _____☐ Multi-County _____☐ Other _____**3. Type of Statement (Check at least one box)**☐ Assuming Office/Initial

Date: ____/____/____

☒ Annual: The period covered is January 1, 2009,
through December 31, 2009.

-or-

☐ The period covered is ____/____/____, through
December 31, 2009.☐ Leaving Office Date Left: ____/____/____
(Check one)☐ The period covered is January 1, 2009, through the
date of leaving office.

-or-

☐ The period covered is ____/____/____, through
the date of leaving office.☐ Candidate Election Year: _____**4. Schedule Summary**► Total number of pages
including this cover page: _____► Check applicable schedules or "No reportable
interests."I have disclosed interests on one or more of the
attached schedules:Schedule A-1 ☐ Yes - schedule attached
*Investments (Less than 10% Ownership)*Schedule A-2 ☐ Yes - schedule attached
*Investments (10% or Greater Ownership)*Schedule B ☐ Yes - schedule attached
*Real Property*Schedule C ☐ Yes - schedule attached
*Income, Loans, & Business Positions (Income Other than Gifts
and Travel Payments)*Schedule D ☐ Yes - schedule attached
*Income - Gifts*Schedule E ☒ Yes - schedule attached
Income - Gifts - Travel Payments

-or-

☐ No reportable interests on any schedule**5. Verification**I have used all reasonable diligence in preparing this
statement. I have reviewed this statement and to the best
of my knowledge the information contained herein and in any
attached schedules is true and complete.I certify under penalty of perjury under the laws of the State
of California that the foregoing is true and correct.

Date Signed

3/23/10
(month, day, year)

Signature

(Originally signed statement with your filing and...)

EB

2010 MAR 24 AM 11:05

SCHEDULE E
Income - Gifts
Travel Payments, Advances,
and Reimbursements

CALIFORNIA FORM **700**

FAIR POLITICAL PRACTICES COMMISSION

Name

Gilbert Cedillo

- Reminder - you must mark the gift or income box.
- You are not required to report income from government agencies.

<p>▶ NAME OF SOURCE <u>IRIDIUM Concesiones de Infraestructuras, S.A.</u> ADDRESS (Business Address Acceptable) <u>Avda. Comino de Santiago, 50-28050-Madrid</u> CITY AND STATE _____</p> <p>BUSINESS ACTIVITY, IF ANY, OF SOURCE <u>Infrastructure development company</u></p> <p>DATE(S): <u>10 / 05 / 09</u> / / / AMT: \$ <u>99.50</u> <i>(if applicable)</i></p> <p>TYPE OF PAYMENT: (must check one) <input checked="" type="checkbox"/> Gift <input type="checkbox"/> Income</p> <p>DESCRIPTION: <u>Lunch</u></p>	<p>▶ NAME OF SOURCE <u>Parliament Catalonia</u> ADDRESS (Business Address Acceptable) <u>Parc de la Ciutadella, 08003 Barcelona - Spain</u> CITY AND STATE _____</p> <p>BUSINESS ACTIVITY, IF ANY, OF SOURCE <u>Government</u></p> <p>DATE(S): <u>10 / 06 / 09</u> <u>08 / 12 / 09</u> AMT: \$ <u>4,200.00</u> <i>(if applicable)</i></p> <p>TYPE OF PAYMENT: (must check one) <input checked="" type="checkbox"/> Gift <input type="checkbox"/> Income</p> <p>DESCRIPTION: <u>Ground transportation, meals and cultural activities.</u></p>
<p>▶ NAME OF SOURCE _____</p> <p>ADDRESS (Business Address Acceptable) _____</p> <p>CITY AND STATE _____</p> <p>BUSINESS ACTIVITY, IF ANY, OF SOURCE _____</p> <p>DATE(S): / / / AMT: \$ _____ <i>(if applicable)</i></p> <p>TYPE OF PAYMENT: (must check one) <input type="checkbox"/> Gift <input type="checkbox"/> Income</p> <p>DESCRIPTION: _____</p>	<p>▶ NAME OF SOURCE _____</p> <p>ADDRESS (Business Address Acceptable) _____</p> <p>CITY AND STATE _____</p> <p>BUSINESS ACTIVITY, IF ANY, OF SOURCE _____</p> <p>DATE(S): / / / AMT: \$ _____ <i>(if applicable)</i></p> <p>TYPE OF PAYMENT: (must check one) <input type="checkbox"/> Gift <input type="checkbox"/> Income</p> <p>DESCRIPTION: _____</p>

Comments: _____

CALIFORNIA FORM 700

FAIR POLITICAL PRACTICES COMMISSION

STATEMENT OF ECONOMIC INTERESTS

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2010 MAR - 1 PM 5:12A Public Document

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Cedillo	Gilbert			
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1. Office, Agency, or Court

Name of Office, Agency, or Court:

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Your Position:

► If filing for multiple positions, list additional agency(ies)/position(s): (Attach a separate sheet if necessary.)

Agency:

Position:

2. Jurisdiction of Office (Check at least one box)

☒ State☐ County of _____☐ City of _____☐ Multi-County _____☐ Other _____

3. Type of Statement (Check at least one box)

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Date: ____/____/____

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-or-

☐ The period covered is ____/____/____, through the date of leaving office.☐ Candidate Election Year: _____

4. Schedule Summary

► Total number of pages including this cover page: 3

► Check applicable schedules or "No reportable interests."

I have disclosed interests on one or more of the attached schedules:

Schedule A-1 ☐ Yes - schedule attached
Investments (Less than 10% Ownership)Schedule A-2 ☐ Yes - schedule attached
Investments (10% or Greater Ownership)Schedule B ☐ Yes - schedule attached
Real PropertySchedule C ☐ Yes - schedule attached
Income, Loans, & Business Positions (Income Other than Gifts and Travel Payments)Schedule D ☒ Yes - schedule attached
Income - GiftsSchedule E ☐ Yes - schedule attached
Income - Gifts - Travel Payments

-or-

☐ No reportable interests on any schedule

5. Verification

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed

Signature

(I have personally signed this statement with my filing official.)

SCHEDULE D **Income - Gifts**

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION Name Gilbert Cedillo
--

▶ NAME OF SOURCE

California Forestry Association

ADDRESS (Business Address Acceptable)

1215 K St., Ste 1830, Sacramento, CA, 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
01 / 12 / 09	\$ 45.51	dinner (The Esquire Grill)
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE

California Cotton Ginners and Growers Assoc.

ADDRESS (Business Address Acceptable)

1785 N. Fine Avenue, Fresno, CA, 93727

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
04 / 23 / 09	\$ 45.00	6 pack cotton towels
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE

California Credit Union League

ADDRESS (Business Address Acceptable)

1215 K St., Ste 1050, Sacramento, CA, 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
06 / 27 / 09	\$ 20.80	reception
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE

California Building Industry Association

ADDRESS (Business Address Acceptable)

1215 K St., Ste 1200, Sacramento, CA, 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
04 / 15 / 09	\$ 33.07	reception
04 / 15 / 09	\$ 93.75	dinner
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE

TechAmerica

ADDRESS (Business Address Acceptable)

1215 K St., Ste 2140, Sacramento, CA, 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
05 / 13 / 09	\$ 10.00	chocolate computer
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE

Maersk Inc.

ADDRESS (Business Address Acceptable)

P.O. Box 880, Madison, NJ, 07940

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
09 / 27 / 09	\$ 420.00	transportation, meals, and cultural activities
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

Comments: _____

SCHEDULE D **Income – Gifts**

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION Name Gilbert Cedillo
--

► NAME OF SOURCE
Southern California Edison
 ADDRESS (Business Address Acceptable)
224 Walnut Grove Ave., Rosemead, CA, 91770
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12 / 17 / 09	\$ 16.50	holiday ornament
	\$	
	\$	

► NAME OF SOURCE
 ADDRESS (Business Address Acceptable)
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
	\$	
	\$	
	\$	

► NAME OF SOURCE
 ADDRESS (Business Address Acceptable)
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
	\$	
	\$	
	\$	

► NAME OF SOURCE
 ADDRESS (Business Address Acceptable)
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
	\$	
	\$	
	\$	

► NAME OF SOURCE
 ADDRESS (Business Address Acceptable)
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
	\$	
	\$	
	\$	

► NAME OF SOURCE
 ADDRESS (Business Address Acceptable)
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
	\$	
	\$	
	\$	

Comments: _____